

KENTUCKY REGISTRY OF ELECTION FINANCE
140 Walnut Street
Frankfort, Kentucky 40601-3240
(502) 573-2226 FAX (502) 573-5622
www.kref.ky.gov

INAUGURAL COMMITTEE
ELECTION FINANCE STATEMENT
COVER PAGE

1. Committee Name and Mailing Address:

2. KREF Filer #:

3. Elected Official Supported:

This Space for Registry Use Only

Logged _____ Keyed _____

4. Chairperson's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

5. Treasurer's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

6. Custodian's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

7. Type of Statement:

a. ☐ Quarterly

b. ☐ Termination for _____

Month - Day - Year

c. ☐ AMENDMENT for _____

(Indicate which report is being amended)

8. Date of Inauguration:

Month - Day - Year

9. This Statement Covers:

From: _____

Month - Day - Year

To: _____

Month - Day - Year

**NOTE: USE ONLY THOSE PAGES WHICH
APPLY TO YOUR COMMITTEE. YOU MAY
DUPLICATE SCHEDULES AS NEEDED.**

If you have had no activity **between reporting periods**,
complete Cover Page and Summary Page. Enter -0- in
receipts, enter -0- in expenditures, and ending balance
from last report.

10. Verification: I certify that I have examined this Election Finance Statement and to the best of my knowledge and belief it is true, correct, and complete.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of KRS 121.990.

Chairperson or

Treasurer: _____

Type or Print Name

Authorized Signature

Date: _____

Month-Day-Year

KREF 006/I KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov	1. Committee Name:	3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year
	2. KREF Filer #:	

	COLUMN I THIS PERIOD	COLUMN II CUMULATIVE THIS YEAR
RECEIPTS		
1. CONTRIBUTIONS: (including all receipts from Fundraisers)		
a. Itemized by check or written instrument (Schedule 1, Item 7a)	\$ _____	\$ _____
b. Other receipts (Schedule 1, Item 7c)	+ \$ _____	+ \$ _____
c. Receipts in currency (Number of People _____) (Individual cash contribution limit is \$50)	+ \$ _____	+ \$ _____
d. Anonymous (Number of People _____) (Maximum \$50 per contribution)	+ \$ _____	+ \$ _____ (\$1,000 maximum per year)
e. Unitemized contributions (Number of People _____) (Contributions by check of \$100 or less)	+ \$ _____	+ \$ _____
2. TOTAL RECEIPTS	= \$ _____	= \$ _____
<hr/> DISBURSEMENTS		
3. TOTAL DISBURSEMENTS (Schedule 2, Item 7)	\$ _____	\$ _____
<hr/> IN-KIND CONTRIBUTIONS		
4. In-kind Contributions Received (Schedule 1, Item 7b)	\$ _____	\$ _____
<hr/> DEBTS AND OBLIGATIONS		
5. Unpaid Bills or other Obligations owed BY: (Schedule 4, Item 10)	+ \$ _____	
<hr/> BALANCE STATEMENT		
6. Ending Balance of last report (Enter -0- if no previous report)	\$ _____	
7. Amount received during reporting period (Line 2, Column 1)	\$ _____	
8. Sub-Total (Add lines 6 & 7)	= \$ _____	
9. Amount disbursed during reporting period (Line 3, Column 1)	\$ _____	
10. ENDING BALANCE (Subtract Line 9 from Line 8)	\$ _____	

THIS PERIOD

KREF 006/I KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov		1. Committee Name:			3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year		
		2. KREF Filer #:					
4. Name and Address from whom received. Receipts in excess of \$100 <i>must</i> be itemized. <u>ALL</u> PAC receipts must be itemized.	5. Type of Contribution or Other Receipt: <input type="checkbox"/> Direct from a person or authorized entity. <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> In-kind _____ <input type="checkbox"/> Other _____	6. Date of Receipt	AMOUNT 7a. Contribution by check or written instrument 7b. Value of In-Kind 7c. Other Receipts			8. Cumulative for Year (per contributor)	9. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. Statewide candidates must include spouse's name, employer and occupation.

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter total on
line 1a on
Summary Page

Enter total on
column 1,
line 4 on
Summary Page

Enter total on
line 1b on
Summary
Page

KREF 006/I KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov <div style="text-align: right;">DISBURSEMENTS SCHEDULE 2</div>	1. Committee Name:	3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year	
	2. KREF Filer #:		
4. Name, Address and <u>Occupation</u> of person whom paid. (If over \$25, disbursement must be made by check.)	5. Purpose (Be specific) (If \$25 or less, show purpose, date and amount.)	6. Date	7. Amount Disbursed

KREF 006/I KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov <div style="text-align: center;">EVENTS SCHEDULE 3</div>		1. Committee Name:		3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year	
		2. KREF Filer#:			
4. Date Activity or Event was Held	5. Name of Person or Entity Sponsoring Fundraising Event and Address Where Activity was Held	6. Type of Fundraising Event or Activity		7. Total Receipts	8. Total Cost

NOTE: Each fundraising event must be listed separately. This schedule must be filed with the Election Finance Statement covering the period in which the fundraising activity or event took place, and is for informational purposes *only*. **All receipts in excess of \$100 must be itemized on Schedule 1, and all other fundraiser receipts must be included in either: unitemized, cash, or anonymous receipts on the Summary Page.** All costs incurred in connection with the fundraising activities or events *must* be included on Schedule 2 or as in-kind contributions on Schedule 1.

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	2. KREF Filer #:					
4. Name and Mailing Address	5. Type of Obligation	6. Date Incurred	7. Original Amount	8. Prior Payment	9. Payment made this reporting period	10. Outstanding Balance at close of this period

NOTE: If you have debts or obligations, this schedule must be filed with every Finance Statement up to and including the period in which all debts are paid or otherwise satisfied.

(Only on last page of Schedule) Total This Period

Subtotal This Page

Enter this total on line 5 "Total Debts and Obligations" on the Summary Page